



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**ALTERNATIVE LIVING SERVICES PLAN**  
SERVICE PLAN ADDENDUM

DATE

CLIENT'S NAME	DD NUMBER	PROVIDER	
CASE RESOURCE MANAGER'S NAME		BEGIN DATE OF PLAN	END DATE OF PLAN
<b>PROPOSED SERVICES</b>		<b>HOURS PER MONTH</b>	<b>MILES PER MONTH</b>
<input type="checkbox"/> Establishing a residence			
<input type="checkbox"/> Personal safety/emergency procedures			
<input type="checkbox"/> Health and personal hygiene			
<input type="checkbox"/> Routine medical/dental care			
<input type="checkbox"/> Food/nutrition			
<input type="checkbox"/> Home management, maintenance, repairs			
<input type="checkbox"/> Money management and budgeting			
<input type="checkbox"/> Use of public transportation			
<input type="checkbox"/> Locating and using community resources			
<input type="checkbox"/> Basic literacy skills, i.e., using telephone books, maps, bus schedules			
<input type="checkbox"/> Shopping: Planning, comparative shopping			
<input type="checkbox"/> Use of and planning for leisure time/recreation			
<input type="checkbox"/> Building and maintaining positive relationship			
<input type="checkbox"/> Behavior management			
<input type="checkbox"/> Time management			
<b>Total hours per month:</b>		<b>Total miles per month:</b>	